

SAMPLE F

_____, 20_____

Arizona Department of Transportation
Motor Vehicle Division
Central Communications Unit Supervisor
P.O. Box 2100, Mail Drop 554-M
Phoenix, Arizona 85001-2100

RESPONSIBLE AGENCY:

City Magistrate's Office

[CITY MAGISTRATE'S NAME]
[MAGISTRATE'S STREET ADDRESS]
[CITY, STATE ZIP]
[CITY MAGISTRATE'S PHONE #]

REGARDING:

Vehicle Description:	[YEAR, MAKE AND MODEL OF VEHICLE]
Vin:	[VEHICLE IDENTIFICATION NUMBER]
License:	[PLATE NUMBER]
Registered Owner:	[OWNER LISTED ON TITLE]
Defendant:	[DEFENDANT'S NAME]
Defendant's Address:	[DEFENDANT'S LAST KNOWN ADDRESS]

Dear Sir or Madam:

Please release the Restitution Lien on the above listed titled motor vehicle[s].

Date _____

[PRINT MAGISTRATE'S NAME]

[MAGISTRATE'S SIGNATURE]

Magistrate

_____, 20_____